



Our Ref: JW/DB/MH

14 February 2017

Sharon Stoltz  
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Public Health  
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Dear Ms Stoltz

**Re: Access to NHS Services**

NHS England and the CCG note the motion the Council passed on the 15<sup>th</sup> December 2016. We appreciate the support that the Council gives in supporting the CCG's aim to reduce levels of obesity and smoking amongst local residents and to reduce inequalities. I also note the recognition the Council gives to the individual's responsibility in looking after their own health. We also appreciate the support that you, as Director of Public Health, have given the CCG including at Governing Body meetings.

I appreciate your concern to understand how the policy will affect existing health inequalities and we will be pleased to support and cooperate with your planned work to assess the impact of the policy. Smoking in particular is heavily concentrated in more deprived populations and is the single biggest driver of health inequalities. This policy is intended to result in people stopping smoking and, therefore, may narrow health inequalities. Certainly, the CCG and NHS England will want to understand the effect of the policy on health inequalities and we welcome your planned review. There have been preliminary discussions at the Clinical Executive Group of the CCG that your colleague, Dr Fiona Phillips, attended evaluating the impact of the policy. The CCG has not finalised its evaluation and would like to discuss integrating your assessment and the CCG's evaluation into one piece of work. This will then inform both the CCG and Council on any further action needed to mitigate any unintended negative effects of the CCG's policy and the Councils Public Health service reductions on local people.

We do not agree that the restrictions are unfair. The body mass index (BMI) and smoking thresholds are there so that patients have the opportunity to improve their health and, therefore, to improve the safety of surgery and also to improve the health of the population through the long term benefits of healthier lifestyles. Smoking and obesity cause a huge amount of illness and increase health and NHS costs generally. Patients receiving surgery will not only achieve better outcomes following life style changes, but health care costs will also tend to reduce. This will release resources for the care of other patients. It is for these reasons that the CCG is implementing the threshold at this time. The CCG have taken great care to ensure that their policies are applied fairly and to optimise benefits to patients of lifestyle improvements. In particular:

1. On 30 November 2016 Vale of York CCG emailed local GPs to ensure they are informed of the detail of developments in the CCG's BMI and smoking thresholds and to instruct GPs to await the implementation of the policy.
2. GPs were informed about the start date in January (16<sup>th</sup>) and provided with the information needed to guide their referrals and to ensure any patients that may need to be exempted from the policy statements can be considered through an individual funding request process. (There are safeguards to ensure that; patients needing urgent interventions are not delayed, patients experiencing a change in their clinical condition can be promptly reviewed, and patients who may have an exceptional clinical need may be referred by their treating clinician into the Individual Funding Request (IFR) process for consideration). The information is available on the [CCG's website](#) and is being updated regularly. The CCG lead GP Dr Shaun O'Connell, is available for GPs to contact directly if needed.
3. The CCG is encouraging GPs to record weight and BMI and give brief interventions on every possible occasion because if patients have lost 10% of their weight or stopped smoking for two months by the time they are seen in outpatients they can then be 'listed'. (There is a recent paper in the Lancet demonstrating the effectiveness of these interventions. Recent research has also shown people who strive for greater weight loss achieve more than those with lesser ambitions).
4. Patients not able or wishing to lose weight / stop smoking will still receive the planned intervention after 1 year / 6 months.
5. The CCG has decided not to delay surgery for patients who have been listed for surgery already and who are on a waiting list. The policy will apply to patients who are yet to be listed. The CCG is encouraging GPs and practice nurses to more actively weigh and offer brief interventions for patients as often as possible to support both weight loss and smoking cessation. This will minimise the time patients need to wait whilst they work to improve their lifestyle and reduce their surgical risk. . This helps individuals and the whole population and enables patients who have lost weight or stopped smoking to proceed through to surgery more quickly than if lifestyle interventions are delayed until patients present with symptoms that require surgery.
6. Information for clinicians and patients on locally available support for weight loss and smoking cessation is available on the [CCG website](#). All patients referred into the Referral Support Service who are obese or who smoke will receive a comprehensive letter and leaflet about the impact of lifestyle on their health and how to improve their health. There is also a BMI calculator that patients can use. The Local Medical Committee (LMC) now supports GPs referring patients for assessment for an exercise programme, in the past the LMC did not support these referrals.

We note that the City of York Council is facing financial pressures and it is regrettable that reductions have been made in services available to support residents with smoking cessation and weight management. I hope that your assessment of the impact of the CCG policies will encompass the impact of the Council's decisions on investment in these lifestyle improvement services. Patients may still be successful in stopping smoking and losing weight with advice from their GP practice, but without the support of other public services this opportunity may not be maximised.

In conclusion, the CCG and the Council have challenging financial circumstances and need to work closely together for benefit of patients and the people of the City of York. The CCGs policy aims to improve health and reduce the costs of care and treatment in order to help more patients within the money available. Health inequalities may be reduced through successful smoking quitting and to some extent through weight loss. This will depend upon the uptake of support and success in life style improvement by more disadvantaged groups. I understand your concerns and hope a joint approach can be agreed between you and the CCG to assess and evaluate the CCG's policy and Council's investment in smoking cessation and weight loss services. This will facilitate agreement on any action that may be needed to mitigate any unforeseen disbenefits for the patients / people in the City of York.

Yours sincerely

A handwritten signature in blue ink that reads "Moira Dumma". The signature is written in a cursive style with a clear first name and a last name.

Moira Dumma  
Director of Commissioning Operations